STATE:

Georgia

METHODS FOR ESTABLISHING PAYMENT RATES FOR MEDICALLY NECESSARY SERVICES FOR EPSDT RECIPIENTS WHEN SUCH SERVICES ARE NOT NORMALLY COVERED UNDER THE PLAN

Duty Nursing 2. Physical Hospital, Home Physical rates established in the Home Health Physical rates established in the Home Health Speech Therapist, Services Program (Attachment 4.19-A, Licensed Speech (Attachment 4.19-B, Item G), Outpatient Hospital Services Speech (Attachment 4.19-B, Item J) wherein these services are Reimbursed. 3. Occupational Home Licensed According to the methodology used and tional Hospital Occupational Services Program and Outpatient Hospital Services Program and Outpatient Hospital Services (Attachment 4.19-B, Item R). 4. Respiratory Care Respiratory Care Respiratory Care Respiratory Under the Model Waiver Services Program. 5. Chiropractor Office, Hospital D.C. Soth percentile of sample charges.					
2. Physical Home Physical Therapy, Home Physical Therapy, Home Physical Therapy, Home Physical Therapy, Home Physical Therapist, Speech Therapist Physical Speech Therapist Physician Services Program (Attachment 4.19-A, Item G), Outpatient Hospital Services (Attachment 4.19-B, Item J) wherein these services are Reimbursed. 3. Occupa- Home Licensed Chitachment 4.19-B, Item J) wherein these services are Reimbursed. 4. Respiratory Care Respiratory Services Program and Outpatient Hospital Services (Attachment 4.19-B, Item R). 4. Respiratory Care Respiratory Therapist Program and Outpatient Hospital Services (Attachment 4.19-B, Item R). 4. Respiratory Care Respiratory Therapist Program and Outpatient Hospital Services (Attachment 4.19-B, Item R). 5. Chiropractor Office, Hospital Phospital Services Program and Outpatient Hospital Services (Attachment 4.19-B, Item R). 6. Child and Adolescent Mental Health Services Program According to the methodology used and Physician Services (Attachment 4.19-B, Item R). 6. Child and Home Community Mental Health Centers will be based on presentablished for respiratory care under the Model Waiver Services Program. 6. Child and Home, Community Mental Health Centers will be based on presentablished flat rates in a fee schedule by procedure code. 6. Child Caring Institutions Providers (IMDs who meet extablished flat rates in a fee schedule by procedure code. 6. Child Caring Institutions (IMDs who meet extablished flat rates in a fee schedule by procedure code. 7. Centers and other Institutions Providers Will be based on reasonable costs from cost reports submitted annually by participating providers. The base period will be a state fiscal year. 8. Reimbursement for other providers will be based on the DRI McGraw Hill Health costs:		Service	Place	Provider	Methodology
Therapy, Speech Therapy Speech Therapy Therapist Therapi	1.		Home	RN or LPN	The rate established for nursing services under the Waivered Services Program.
tional Therapy Therapy Therapist The rate established for respiratory care under the Model Waiver Services Program. Therapist The rate established for respiratory care under the Model Waiver Services Program. Solution The alth Centers will be based on presentable the Health Centers will be based on reasonable costs Foster Care, Centers and other Therapist The rate established for respiratory under the Model Waiver Services Therapist The Allel Health Therapist The astablished for respiratory Therapist Therapist Therapist Therapist Therapist Therapist Therapist The Allel Health Therapist T	2.	Therapy, Speech		Physical Therapist, Licensed Speech	Services Program (Attachment 4.19-A, Item G), Outpatient Hospital Services (Attachment 4.19-B, Item R) and Physician Services (Attachment 4.19-B, Item J) wherein these services are
Care Services Respiratory Therapist Program. 5. Chiropractor Office, Hospital Child and Adolescent Mental Health Services Foster Care, Child Caring Institutions (IMDs excluded) Adolescent Services Respiratory Therapist Program. Soloth Percentile of sample charges.	3.	tional		Occupa- tional	Hospital Services (Attachment 4.19-B,
Hospital 6. Child and Home, Community Reimbursement for Community Mental Adolescent School, Mental Health Centers will be based on prescablished flat rates in a fee schedule by procedure code. Child Caring Institutions (IMDs who meet will be based on reasonable costs excluded) the standards of participation by participating providers. Reimbursement for other providers will be a state fiscal year. Rates will be set not to exceed actual costs adjusted for inflation. The inflation rate will be based on the DRI McGraw Hill Health costs:	4.	Care	Home	Respiratory	
Adolescent Mental Health Services School, Mental Health Services Foster Care, Centers and Other Institutions (IMDs who meet excluded) The standards of participation Mental Health Centers will be based on preestablished flat rates in a fee schedule by procedure code. Reimbursement for other providers will be based on reasonable costs from cost reports submitted annually by participating providers. The base period will be a state fiscal year. Rates will be set not to exceed actual costs adjusted for inflation. The inflation rate will be based on the DRI McGraw Hill Health costs:	5.	Chiropractor		D.C.	50 th percentile of sample charges.
	6.	Adolescent Mental Health	School, Therapeutic Foster Care, Child Caring Institutions (IMDs	Mental Health Centers and other providers who meet the standards	established flat rates in a fee schedule by procedure code. Reimbursement for other providers will be based on reasonable costs from cost reports submitted annually by participating providers. The base period will be a state fiscal year. Rates will be set not to exceed actual costs adjusted for inflation. The inflation rate will be based on the DRI McGraw Hill Health costs:

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